

# Poole Hospital NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

### Combined quality and resource rating

Good 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Poole Hospital NHS Foundation Trust operates from Poole Hospital, located close to the centre of the town of Poole in Dorset, and provides acute services for the local population of around 500,000 people. This includes those people predominantly living in Poole, Purbeck and east Dorset. The patient population increases over the summer months with the influx of tourists to the area.

Patients receive outpatient and inpatient consultant services for a range of specialties for which the trust employs 4,143 staff.

Along with the other acute, community and mental health trusts in the county, the trust has been part of a Dorset-wide clinical services review undertaken by the Dorset Clinical Commissioning Group (CCG). The results of the wide-scale consultation were made publicly available on 20 September 2017.

Following this review, the Dorset CCG confirmed its decision to reconfigure the two east Dorset acute hospital sites. This is in order to create a major emergency hospital on the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) Bournemouth hospital site and a major planned care centre on the Poole site.

From January 2019, NHS Improvement and the Competition and Markets Authority, supported joint interim appointments with RBCH of a chairperson and chief executive. Furthermore, joint arrangements have been made for seven clinical services (trauma and orthopaedics, surgery, urgent and emergency care, older people's care, maternity, cardiology and stroke care) to merge their activities during the intervening months/years leading up to full merger during 2020.

Within the plans, Poole will have a modernised larger operating theatre suite in a new wing of the hospital. There will be a new urgent treatment centre and the existing accident and emergency department will close.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

Poole Hospital NHS Foundation Trust provides inpatient and outpatient care from Poole Hospital. The hospital has a 24-hour accident and emergency department and is the designated trauma unit serving the local area. The hospital has around 490 inpatient beds in 29 wards, and 24 day-case beds. There are 12 beds dedicated to patients nearing the end of their life.

The trust is the lead provider for the Bournemouth, Poole and Christchurch conurbation (east Dorset) for trauma, maternity and neonatal care, and paediatrics. The trust provides the dedicated Dorset Cancer Centre supporting a population of around 750,000 people. It is the lead provider for neurology and oral surgery in the county and for the breast, bowel and cervical screening programmes.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

# Summary of findings

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected four core services in October 2019, and the 'well led' aspect of the trust in November 2019. The four core services were inspected at Poole Hospital and were medical care (including older people's care), surgery, maternity, and end of life care.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?'

Prior to our inspection on site, we gathered information and data from the trust, NHS England and NHS Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We held focus groups for different staff prior to the core service inspections as part of regular engagement meetings, and during the well-led inspection.

At our last comprehensive inspection of the trust in September/October 2017 (the report published in January 2018) we rated the trust overall as good, although with a requires improvement ratings for safe. The other key questions of effective, responsive caring and well led were rated as good.

For this inspection, we considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good overall because:

At core services level, safe was requires improvement overall, with effective, responsive and well-led rated as good. Caring was rated as outstanding. The rating of well-led at core services level was good overall, and this was the same for the trust management. This led to a combined overall rating for the trust of good.

At core services level, safe remained as requires improvement overall following our last inspection published in early 2018, and more work was required in this area. The questions of effective, responsive and well-led remained as good. Caring improved and was rated as outstanding, following a good rating at the last inspection. This rating came from maternity services and end of life care services where it was rated as outstanding. This joined with the rating of outstanding for caring for children's and young people's services from our last inspection. In maternity, responsive was rated as outstanding for the first time. Maternity was not rated as outstanding overall due to a requirement for improvements in the question of safety.

# Summary of findings

**We rated well-led at the trust management level again as good.** We saw improvements had been made from our last inspection. As before, there was strong, consistent, visible leadership. The vision and strategy for the trust was clear. There was a great culture in the trust and among the staff across all areas. We were impressed with their friendliness and warmth. There was good engagement with patients and staff, although some more work to be done in the coming months when the trust starts to make significant changes. Innovation and improvement were strongly encouraged.

However, there were areas of concern around how the trust showed it learned from complaints, death and incidents. It was not achieving targets around appraisals and mandatory training and some areas were not improving. We found governance was not interconnected enough to provide full assurance.

**Medical care (including older people's care)** was rated as good overall. However, the ratings stayed the same as last time with safe continuing to be rated as requires improvement. The other key questions were rated as good, and the service as good overall. In safe, mandatory training was not meeting the trust target in a number of key skills. We were concerned with safeguarding training and infection prevention and control not being met. We were concerned with some risk assessments for patients not being completed and records not always being maintained or clear. Nursing and medical staff vacancy rates were challenging for the hospital. Not all patients or those caring for them said they felt involved and informed in decisions about their care and treatment or offered emotional support following life changing news. However, patients were protected from abuse. Infection risk was well managed as were medicines. Patient records were mostly stored securely, and emergency equipment was checked as required. Patients were well looked after with care of their nutrition and hydration. Leadership of the service was good and staff had strong values focused on caring for the patient at the heart of these.

**Surgery** was rated as requires improvement overall. At our previous inspection, safe and well-led were rated as requires improvement. They remained at this rating, but responsive was downgraded to requires improvement from good. Effective and caring were rated as good. The service did not have sufficient levels of nurses or junior doctors. There was consequently a high degree of agency staff being used. There were issues with mandatory training compliance in the medical staff, infection risk was not always controlled well, and safety checks on emergency equipment not always carried out. Patient records were not always clear, including around nutrition and hydration and mental health assessments. Services were not being delivered in line with targets so some patients were having to wait too long. There was limited adaptation for patients living with dementia. Governance and assurance were not well documented. However, patients were protected from abuse. Staff provided good care and treatment and were competent and skilled. Patients were treated with compassion and kindness, respecting their privacy and dignity. Staff felt respected, supported and valued.

**Maternity** was rated as good overall. Safe was requires improvement and caring and responsive were outstanding. The service was not rated outstanding overall as safe required improvement. Midwifery staff were up-to-date with their mandatory training. Infection risks were well managed, and midwife staffing levels were safe and regularly reviewed. Care and treatment were effective and based on national guidance. There was outstanding care given to women and families. The service met the needs of women and included those in need of extra support. The service was well-led, and staff felt supported and valued. There was effective governance and management of risk. Innovation and improvement were encouraged. However, medical staff were not achieving mandatory training compliance. There were missed opportunities for early identification of a safeguarding concern and there were a number of medicine errors identified on inspection.

**End of life care** was rated as good overall. Safe and effective remained good, with responsive moving from requires improvement to good, and caring from good to outstanding. Well-led remained good. Safe care was provided across end of life care services. Care was based upon national guidance and evidence-based practice. Staff were competent and

# Summary of findings

skilled. Patients were able to make choices and supported to take decisions about their care and treatment. Care was patient-centred and there was strong emotional support for those close to the patient. Patients were treated with compassion, dignity and respect. The leadership had a clear vision and supported staff who felt valued and supported. Governance was working well with areas for improvement underway.

On this inspection we did not inspect urgent and emergency care (A&E), critical care, services for children and young people, or outpatients. The ratings we gave to these services on the previous inspection published in 2018 are part of the overall rating awarded to the trust this time.

Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RD3/reports](http://www.cqc.org.uk/provider/RD3/reports)

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

There was a lack of compliance with staff being up-to-date with their mandatory training. Some patients' records, risk assessments, and mental capacity assessments were not completed or reliable. There were issues with infection prevention and control in some areas and there were misses opportunities to identify a significant safeguarding concern in maternity. There were shortages of staff, but we recognised how most staffing levels were safe, but from a high use of agency staff. The trust was working tirelessly to address this. Medicines were mostly managed safely but there was a lack of recognition and reporting of medicine errors in maternity. Not all emergency equipment was checked as it should be.

However, patients were protected from harm. Incidents were reported and staff were confident about reporting and it was encouraged. Deteriorating patients were managed safely and staff used monitoring safely to protect patients.

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

Patients received care in line with national guidance. Outcomes for patients were good and some were among the best in the country. There was a strong multidisciplinary approach to patient care, with input from staff with different skills and expertise to provide better outcomes. Staff were competent, skilled and experienced.

However, not all malnutrition screening and pain management was recorded well. Not all staff had had a performance review in the last year, and the organisation could therefore not provide assurance around staff development and capability.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

Patients were cared for with compassion and kindness. Staff supported them to get better or cared for them to the best of their ability when they were at the end of their life. Privacy and dignity were respected and patients seen and treated as individuals. Patients were given emotional support and involved in their care and treatment. Staff understood the emotional impact of being in hospital and receiving treatment and supported patients and those who cared for them to cope.

However, not all patients or those caring for them said they felt involved and informed in decisions about their care and treatment or offered emotional support following life changing news.

# Summary of findings

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

The service was designed to meet the needs of local people. Patients were treated as individuals and care provided to meet different needs. The service was inclusive and staff recognised how people needed different approaches to give them the best outcome. People were able to complain or raise concerns and these were taken seriously and carefully addressed. People requiring cancer services were treated in line with national standards.

However, most referral to treatment times for surgery (18 week standard) were not being arranged within the target time due to high demand on services. The trust was also below the England average.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as good because:

At trust level the service had strong and capable leadership which was respected and supportive. There was a clear vision and values and strong culture. The patient was at the centre of the work of the trust, but staff were equally valued and respected. Staff were clear about their roles and responsibilities. Innovation and improvement were encouraged. Most information was accurate and timely and there was a high quality of performance data for staff to use.

However, not all governance processes were effective or joined up. There was poor evidence of the organisation learning from complaints, incidents and deaths. There was no evidence of continued failings in care from an inability to learn, but evidence to be able to show how this was done was poor. Governance was not consistent or strong at all levels, although most risks were understood and managed.

## Use of resources

Our rating stayed the same. We rated it as good because:

The trust's overall cost per weighted activity unit benchmarked in the lowest national quartile despite the trust being regarded as unsustainable in its current form, with a very high level of non-elective inpatient activity. The trust operated in a challenging environment with plans to merge with a nearby trust and clinical services changes across the county. Despite this context, the trust performed relatively well on operational performance and demonstrated good clinical productivity and benchmarked well on clinical support services and corporate services. The trust however could make further progress on workforce (particularly around managing agency spend and staff retention) and it needed to consolidate its financial improvement trajectory.

## Combined quality and resource

Our rating stayed the same. We rated it as good because:

Both the trust overall and the use of resources were rated as good. The combined rating for the trust is therefore good, which was the same as our previous inspection.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also accounted for factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

See the Ratings tables section below for the detail.

## Outstanding practice

We found examples of outstanding practice in medical care, surgery, maternity, and end of life care.

# Summary of findings

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including six breaches of three legal requirements that the trust must put right. We found 60 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide levels, in medical care, maternity services, and surgery. We did not issue any requirements in end of life care services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found the following outstanding practice:

### Medical Care

- On the rapid assessment consultant evaluation (RACE) ward there was a total of 15 geriatricians. This enabled the consultants to attend a regular meeting with local community GPs to discuss complex patients in the community. The consultants provided support to the GPs around care and treatment for these patients to avoid unnecessary hospital admission. On occasions, the consultants would go and visit patients at home.

### Maternity

- The “time out” project started by a maternity support worker provided support to women who suffered anxiety waiting for induction of labour.
- The service produced a new postnatal pathway which demonstrated joint working with health visitors and midwives. This gave women an improved service postnatally and improved communication between hospital and home. The service won the Royal College of Midwives partnership working 2019 award for this project.
- The bereavement midwives cared for women, partners and family whose baby had died or was a stillbirth, and this service was exceptional.
- Influenza and whooping cough vaccines were given at antenatal clinics. This ensured women received the best care without extra visits to clinics or GPs. The consultant midwife ran a clinic for women wanting care outside of the normal guidelines strengthening the link between the midwives and obstetricians.
- Midwives offered a service called “birth afterthoughts” to discuss aspects of maternity care and provide a forum for women to discuss any issues they had experienced, for example, a traumatic birth. Sessions were held in Poole and Bournemouth, saving travelling time for women.

### Surgery



# Summary of findings

- There was excellent support for elderly trauma patients and this was reflected by the good patient outcomes and low mortality rate. An orthogeriatrician service was provided at Poole Hospital. They reviewed all fractured neck of femur patients daily. Additionally, they reviewed all elderly trauma patients.

## End of Life Care

- The chaplaincy service was fully inclusive and provided support to those of all faiths and those of none. All staff clearly understood and respected the personal, cultural, social and religious needs of people.
- We were told of examples when the service provided care that went the extra mile, including arranging weddings for patients nearing the end of life. They organised wedding decorations in the patient's favourite colours. They also arranged visits from patient's pets and organised a specific room for a patient who valued a particular view.
- Counselling staff provided additional support for family members and feedback about the counselling team was consistently positive.
- The end of life care team had worked closely with colleagues in the wider trust to raise awareness about end of life care, particularly critical care, and the emergency department, to encourage the message that end of life was everyone's responsibility and provide support with difficult conversations.
- Feedback from patients and their families at the time of our inspection was without exception excellent and we were told of numerous examples of staff excellence.

## Areas for improvement

These are actions the trust MUST take to comply with its legal obligations and actions a trust SHOULD take to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the trust MUST take to improve:

#### Trust-wide

- Ensure the organisation can meet the compliance targets for both mandatory training and annual performance reviews (appraisals). We nevertheless recognise this is against a high benchmark for this trust, which could be considered for a review. Alongside this, review and determine if dementia training should be mandatory given the needs of the local population. The importance and value of the trust providing staff with an annual review must be recognised and provide assurance staff are providing safe and quality care. There are areas such as safeguarding training and infection control training which are not meeting compliance. This is despite it being a requirement of the safeguarding report in the previous year, and a significant outbreak of an infection across the hospital. This is of particular concern with the medical staffing group.
- Provide effective and interactive governance. Review the learning and actions from complaints and serious incidents to provide assurance, and report this is undertaken and is effective. Provide the board with assurance that this and all elements of governance around learning and change are both interactive across the trust, effective, and making a difference to patient care. Through this, look again at the trust's annual complaints report and determine if the questions it responds to around patients' complaints are effectively answered. Ensure local governance arrangements are consistent and in line with trust expectations around content and response.

#### Medical Care

- Assess all risks to patients health and safety to prevent them receiving unsafe care and treatment. Care plans and risk assessments must be personalised to each patient.



# Summary of findings

## Maternity

- Ensure staff recognise medicine errors and include omitted doses. All medicine errors must be recognised, reported, investigated, monitored and discussed fully.

## Surgery

- Ensure patients are re-assessed using venous thromboembolism assessments within 24 hours of admission in line with best practice guidance.
- Ensure staff secure patient record trolleys so confidential patient records are stored securely when not in use, so they cannot be accessed by unauthorised people.

## Action the trust SHOULD take to improve:

### Trust-wide

- Consider whether a number of the trust board reports are given the attention required for information to be current and demonstrate learning and a good pace of change. In the safeguarding and complaints annual reports, the same actions and wording in some areas around change and learning had been repeated in different reports from 2017/18 to 2018/19 with no evidence of actions taken.
- Have improved evidence to show how effective challenge is given to the trust board by the non-executive directors.
- Capture more effectively the visits of senior executives around the trust so it is possible to see their visibility and where and when they have visited with departments and staff. This is to avoid some areas or staff being met with or visited rarely.
- Consider how to link the more specific strategies, such as those relating to dementia and learning disabilities either to the main strategy, or into a framework which monitors their progress and documents assurance and success. This was of specific concern as the trust did not have a specialist lead nurse for learning disabilities and did not provide dementia training for staff as mandatory training.
- Bring the EDS2 report to more prominence in the work around equality, diversity and inclusion to include actions on those areas assessed as developing. Determine if the reporting on WRES standards is reflective of the areas where there has been a deterioration in experiences of BME staff.
- Work with the volunteers to address their feelings of not always being valued and supported, particularly when meeting challenging members of the public and dealing with issues such as the new signage. Ask whether a mentor might help new volunteers find their feet.
- Consider how the website should be used to present documents, policies and communication to the public and interested parties. Ensure documents are current and consider which should be in the public domain.
- Review the way staff were feeling about their wellbeing and whether the number of meetings provide a balance with patient care responsibilities, alongside pressures on administration and management time.
- Look at how to improve junior doctor exception reporting and the culture around how this is perceived. Review how to encourage attendance at the junior doctors' forum. Complete the actions from the NHSI eight high impact actions project.
- Review the finance risk register in relation to the costs of agency staff and consider why this was not represented considering the significant risk described.
- Review how the trust governors are given the opportunities to fulfil their role in providing feedback from members of the public and their constituencies, and how they hold the non-executive directors to account.

# Summary of findings

- Working with the new equality and diversity lead, establish a wider equality and diversity strategy which looks at the support and needs of both staff and people who use the services. Build on the work already done and bring this together to provide assurance of a strong and dynamic strategy. Consider induction and ongoing training for staff around caring for people living with a learning disability or mental health problems.
- Provide improved assurance at board level on progress and problems with technology and digital information systems, including possible poor quality of data.
- Develop an action plan to capture the various strands of the work to develop an effective mortality and morbidity programme and to learn from the death or failings in care of patients. This should include bringing consistency, use of the structured judgement review, the standardisation of mortality and morbidity meetings and how they take place. It will need improved reports to the board placed more prominently for the public to see. Include within this how bereaved families are supported and included in any investigations and learning.
- Continue to move the quality improvement (QI) and action plan forward. Be able to show a correlation through governance between areas picked up at audit, from incidents, complaints or elsewhere and the QI projects and their outcomes.
- Have a line of sight from the board to the research team to be assured the work of the team is both recognised and assured.
- Consider how to improve the feedback to staff who report incidents and how feedback from staff on other matters can be shown to be gathered and acted upon.

## Medical Care

- Patients nursing records should be completed in full to enable an accurate picture of their health, wellbeing and risks
- Continue to improve compliance with malnutrition universal screening tool assessments to meet trust targets.
- De-clutter the lounge on Portland ward and address the damp and mould issues to make it a pleasant environment for patients to use.
- Make sure all the labels are completed in full on sharps bins for safety.
- Maintain records following a best interest meeting to make sure the decision and actions are followed.
- Review the safety of storing emergency resuscitation equipment behind locked doors.
- Review the times of meals on some wards as some were provided cold and late.

## Maternity

- Improve the process for patients to enable them to take their discharge medicines with them when they leave the hospital.
- Embed the revised process for safeguarding particularly when women are transferred from another healthcare provider.

## Surgery

- Continue to review nursing staffing to meet planned levels and recruit to fill vacancies. Continue to review the use of agency to limit the high numbers of agency staff on the same ward at one time.
- Continue to review junior staffing levels and vacancies.
- Consider the risks and manage the appropriateness of side rooms which did not contain a clinical sink to provide hand washing facilities for staff.

# Summary of findings

- Continue to embed infection control practice in theatres. Staff should be reminded to use alcohol hand gel, and encourage patients to do so, when entering theatre areas.
- Remind staff to complete and record appropriate checks of specialist and emergency equipment, and consumables, equipment and products stored and used.
- Continue to record theatre temperatures and escalate issues with air conditioning units.
- Consider the management of estate issues in surgical wards and theatres and how these are prioritised to fix or replace in a timely manner.
- Review and risk assess ligature risks for the new ward environments following the reconfiguration.
- Review the use of national early warning scores throughout the surgical pathway and its use in theatre recovery in line with best practice.
- Document in patient records any action taken as a result of high national early warning scores which require additional monitoring or escalation, so there is a clear auditable trail.
- Review the approach to auditing the five steps to safer surgery surgical safety checklist to gain assurance from independent auditing rather than within own theatre teams.
- Standardise the use of the surgical safety checklist so this is applied consistently across theatres.
- Remind staff on good practice for clearly documenting patient care within nursing and medical patient notes.
- Confirm controlled drug records and audits are being completed in accordance with trust policy.
- Remind staff to record the date of opening for liquid medicines.
- Remind staff to report gaps and discrepancies in medicine refrigerator temperatures so these are investigated in line with trust policy.
- Continue to embed the policy for drug preparation in theatres and be assured staff are following trust policy.
- Review the process for administering intravenous medications when not able to prepare with the medicine trolley fixed laptop.
- Review staff understanding and compliance against best practice guidance for the measurement and documentation of core temperature when patients are in theatre and in recovery.
- Review best practice for recording and signing for enteral feed prescriptions and relevant updates to the policy.
- Review compliance with the completion of food and fluid charts and the recording of any escalation or actions.
- Improve performance for the percentage of patients screened for nutrition within 24-hours of admission.
- Review the process for recording mental capacity assessments for patients in line with the trust's mental capacity act policy.
- Consider how to improve the theatre environments to be more appealing to children.
- Consider how to make environments within the surgical care directorate more dementia friendly to meet the needs of the population the hospital serves.
- Continue to review the fractured neck of femur pathways to improve performance with getting patients who had a fractured neck of femur to theatre within 36-hours of admission.

# Summary of findings

- Continue to review the theatre capacity and performance to improve referral to treatment performance within 18-week and 52-week wait breaches.
- Continue to review the surgical flow within the hospital to limit the number of patients outlying on non-surgical or non-specialty wards.
- Clearly document the surgical care group's vision and strategy, with workable plans to achieve this.
- Remind staff of the importance of information governance, and to not leave computers unlocked when not supervised.
- Consider the access to IT systems for agency staff and how this complies with information governance and data protection rules.

## End of Life Care

- Continue to aim for trust targets for training and appraisals compliance.
- Review the ritual washing facilities provided by the mortuary.
- Continue to develop the end of life performance dashboard to capture information to ensure access and flow.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led as good because:

- The trust's leadership team had the experience and integrity to manage a well-led organisation. We interviewed all members of the trust executive board and found a group of individuals with a wide-range of experience, skills, knowledge and long-service in NHS management. Our conversations with them and with other senior managers, consultants and senior nurses, showed evidence of a strong team with a good working relationship. There was respect for one another and recognition of the skills each individual brought to the team. The team acted with integrity and commitment to their trust and staff. There were clear priorities within the executive team for leading and setting examples for the delivery of high-quality patient care and caring for and supporting a strong workforce. Most staff agreed patient care was the trust's top priority.
- There was a clear and credible strategy to deliver high-quality sustainable care to people and plans to deliver. The strategy was interconnected and recognised quality alongside sustainability.
- There was a culture of high-quality sustainable care. Staff felt supported, valued and respected. Almost all staff we met at our core services inspection, in focus groups at this inspection, and engagement throughout the last 18 months, felt supported. They felt their work was valued by the organisation and they were given the respect and responsibility to fulfil their roles and practice their values. The trust and its staff recognised the need to be able to speak-up and had now established good arrangements for the role of the freedom to speak-up guardian. The culture of the organisation was centred on people who used services, and the staff who provided them. Staff felt positive and proud to work for the organisation and worked together, although we were told there was constant pressure on staff in a busy hospital.

# Summary of findings

- There were structures and processes to operate a governance system designed to monitor the service and provide assurance. The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation. The trust encouraged openness and honesty at all levels of the organisation in response to serious incidents.
- There were clear and effective processes for managing risks, issues and performance. The operational performance at the trust was meeting some of the national targets or standards for treating patients, particularly cancer standards. However, it was performing worse than the England average in some measures, particularly referral to treatment times (patients waiting to start treatment). It had variable results with avoidable harm, readmission rates and operating on patients in good time for the best outcome. There were good assurance systems in the trust for identifying, recording and managing risks. There was an alignment between those recorded risks and what staff were concerned with. There was assurance of financial scrutiny by the board and through the corporate risk register and the strategic risk register.
- Appropriate and accurate information was being effectively processed, challenged and acted on. There was a clear understanding of the importance of timely, accurate, detailed and relevant information. Performance data systems used at the trust were deemed, through internal and external audit and assurance, to be reliable, and the quality of data was good.
- People who use services, the public, staff and external partners were engaged and involved to support high-quality sustainable service. The trust engaged in a variety of ways with the public and local organisations to plan, manage and deliver services. Information gathered was used to plan changes and improvements.
- There were reporting systems for learning and developments in continuous innovation and improvement. There was a clear vision and emerging quality improvement processes to improve the quality of the service and performance. There was innovation and development through research.
- Since the previous inspection, visibility of medicines optimisation had increased across the trust. This included the updating of the medicines optimisation strategy and relaunch of the medicines safety group. There was a clear vision and strategy for improved and integrated pharmacy services linked to the trust overall strategy. Patient safety was supported throughout the trust by good systems of accountability and governance. Medicines safety risks were identified, actioned and shared appropriately within the trust and with external partners. The interim chief pharmacist worked with leaders from across the county to improve recruitment and ensure pharmacy provision was integrated and sustainable.

However:

- Some of the more specific strategies, such as around dementia and learning disabilities, did not appear to be within a wider structure with strong assurance.
- There was more work to do around equality and diversity strategies and assurance reporting.
- The trust was not meeting its internal target for appraisals, although this was improving. Overall mandatory training was not meeting the trust target and certain key subjects, specifically safeguarding and infection prevention and control, were not achieving trust targets and had been in decline.
- There were responsibilities, roles and systems of accountability to support good governance, but they were not always effectively interacting. The organisation was not able to show how it learned when things went wrong or there were failings in care. There was a lack of structure in governance at care group level, so benchmarking was difficult. We were concerned as to whether there was a clear recognition of the root cause of an incident or governance of lessons learned.

# Summary of findings

- There was reporting to the trust board about management of patient/carers complaints, although there were weaknesses in the quality of the information. Learning from complaints was recorded, but not presented to the trust board to provide specific assurance. There was little structure around themes and evidence to show change had been made and the improvements embedded.
- The predominant risk to achieving the financial plan (agency staffing costs) was not on the finance or corporate risk register.
- Information technology systems had a mixed reception from staff, and the trust executive staff told us they recognised there was more work to be done, within the financial constraints, to improve systems and communication. However, there was no report to the board on system progress.
- Some staff felt communication with them should be better.
- The trust website had a number of documents which were out of date and only a limited number of published policies affecting patients.
- The trust had implemented the required systems and publications around patient deaths, but not how it learned from these. The trust was aware it had work to do in this area and was starting to make progress.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.



## Ratings for Poole Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020
Surgery	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Critical care	Requires improvement Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
Maternity	Requires improvement Jan 2020	Good Jan 2020	Outstanding Jan 2020	Outstanding Jan 2020	Good Jan 2020	Good Jan 2020
Services for children and young people	Good Jan 2018	Good Jan 2018	Outstanding Jan 2018	Good Jan 2018	Good Jan 2018	Good Jan 2018
End of life care	Good ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Good ↑ Jan 2020	Good ↔ Jan 2020
Outpatients	Good May 2016	Not rated	Good May 2016	Good May 2016	Good May 2016	Good May 2016
<b>Overall*</b>	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Outstanding ↑ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Poole Hospital

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Poole  
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BH15 2JB  
Tel: 01202 442624  
[www.poole.nhs.uk](http://www.poole.nhs.uk)

## Key facts and figures

Poole Hospital has a 24-hour accident and emergency department and is the designated trauma unit serving the local area. The hospital has around 490 inpatient beds in 29 wards, and 24 day-case beds. There are 12 beds dedicated to patients at the end of their life at the Forest Holme Hospice, which is on the hospital site and run by the hospital trust. The maternity hospital, St Mary's is also on the hospital site and is the largest in Dorset.

The hospital provides services for the Bournemouth, Poole and Christchurch conurbation (east Dorset) for trauma, maternity and neonatal care, and paediatrics. The trust provides the dedicated Dorset Cancer Centre supporting a population of around 750,000 people. It is the lead provider for neurology and oral surgery in the county and for the breast, bowel and cervical screening programmes.

## Summary of services at Poole Hospital

**Good** ● → ←

Our rating of services stayed the same. We rated them as good because:

- People were protected from abuse and staff were clear in their responsibilities to safeguard people, including families and carers. Most infection prevention and control practices were carried out effectively. Staff responded well to patients at risk.
- Treatment was effective and patients had good outcomes. There was a strong culture of having multidisciplinary input into care and treatment. Care was delivered in line with national guidance, evidence-based practice and legal frameworks. Pain relief, nutrition and hydration were mostly managed well.
- Patients, those who cared for them and women in the maternity unit spoke highly of the care and treatment given to them. Patients and women were treated with compassion and kindness. People were able to make their own decisions and supported to do so. The right people were involved when patients were not able to decide for themselves.
- Services were designed to meet the needs of local people. It was recognised when patients were individuals and had different needs. Cancer patients were being seen within the national standards.

# Summary of findings

- The staff leadership teams had the skills, knowledge, and experience to manage services. High-quality and patient-centred care was promoted. There was a clear set of values for staff which were based on the experience for the patient. Staff were well supported and there was good morale and a strong culture. Staff were willing to challenge poor practice and support each other. There was a strong culture around innovation, research, development and improvement. Staff had good systems to assure themselves they were providing a good, safe and quality service.

However:

- Although the trust worked tirelessly to resolve the vacancy levels, there was a high use of agency staff, and not all medical posts were filled. Not all staff had updated all their mandatory training and this including child safeguarding having further declined and infection prevention and control not meeting the standard. We recognised this was against a high benchmark at this trust. There had been missed opportunities for earlier identification of the safeguarding concern in maternity and we found errors in medicine management. Not all emergency equipment was being checked as it should be. Not all patient records or risk assessments were completed as well as they should be.
- Not all staff were receiving annual performance reviews. Although there was no evidence to suggest staff were not skilled and competent, the leadership could not be assured of this or whether any development needs were being recognised or met.
- Not all patients or those caring for them said they felt involved and informed in decisions about their care and treatment or offered emotional support following life changing news.
- Due to high demand, not all referral to treatment standards (18 week standard) were being met for surgical procedures. The trust was also below the England average.
- There were concerns around governance being both consistent, well managed and effective. There was limited evidence to show the organisation learned when things went wrong or patients or carers complained.

# Medical care (including older people's care)

Good   

## Key facts and figures

The medical care group at the trust consists of three directorates: Elderly Services, Medicine and Specialist Medicine. The trust additionally provides an alcohol care and treatment service (inpatient detox and community outreach), the bowel screening and scoping programme for Dorset, a fracture prevention service, endoscopy diagnostic service, Dorset adult integrated respiratory service, and complex rehabilitation for acquired brain injuries.

Older people's care provides 72 core inpatient beds, together with 24 assessment beds on the rapid access consultant evaluation (RACE) admissions unit, which provides specialist multidisciplinary assessment and triage for new admissions. The unit also provides an ambulatory emergency care service, co-located on the RACE Unit. Stroke services provide eight hyper-acute stroke beds, a thrombolysis service and an assessment trolley, together with 19 inpatient stroke rehabilitation beds.

Medical care has 113 beds providing services for cardiology, gastroenterology, respiratory, diabetes, acquired brain injury rehabilitation and the inpatient alcohol detox service. In addition, there is an eight bedded coronary care unit and a treatment and investigation unit which provides planned procedures within an ambulatory setting, preventing admission where appropriate.

The acute admissions unit has 30 beds and an ambulatory care unit supporting admission avoidance.

The oncology unit has two wards. Durlston ward has 17 beds and cares for adults with various malignant disorders and specialises in haemato-oncology and stem cell transplantation. Sandbanks is a 20-bed acute oncology unit with three escalation beds.

Specialist medical services include neurology long term conditions, dermatology, rheumatology, clinical neurophysiology.

The trust had 36,014 medical admissions in the 12 months from March 2018 to February 2019. Emergency admissions accounted for 18,436 (51.2%), 567 (1.6%) were elective (planned), and the remaining 17,011 (47.2%) were day case.

Admissions for the top three medical specialties were:

- General medicine – 13,615 admissions
- Geriatric medicine – 6,661
- Dermatology – 3,644

*(Source: Hospital Episode Statistics)*

Our inspection covered medicine including the acute admissions unit which was managed by different speciality leads, as this came under the emergency and urgent care team. Older people's medicine was another speciality within the medicine care group. We visited two of the oncology wards who were managed under another care group (Women's, Children and Oncology). They also had different speciality management.

During our inspection we visited medical care, older people's medicine and oncology ward areas. We attended meetings including bed meetings, board rounds, specialist nurses, leadership and flow meetings.

We spoke with around 75 staff. This included divisional leaders, medical staff, nursing staff, therapists, pharmacy staff, discharge team and specialty nursing and clinical leads.

# Medical care (including older people's care)

We spoke with 14 patients and four relatives to discuss their experience of the care and treatment while they were cared for as inpatients within the medicine division.

We reviewed 27 patient records to review record keeping and consider specific areas of care and treatment.

We reviewed information, including data and trust documents, both before and after the inspection.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and managed their safety. The service controlled infection risk. Staff assessed risks to patients, acted on them. They managed medicines well. The service managed safety incidents and learned lessons from them. Staff collected safety information and used it to improve the service.
- Patient records were not being stored securely at our last inspection meaning unauthorised people may have had access. At this inspection we found the majority patient records were stored securely.
- Safety checks on resuscitation and emergency equipment were following trust policy to make sure they were ready for use. This was an improvement from our last inspection.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could mostly access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not make sure all staff completed mandatory training updates in key skills, although this was against a high benchmark at this trust.
- On two wards the resuscitation equipment was stored behind locked doors meaning there could be a delay in accessing this in an emergency.
- Staff did not always complete the patient's first assessment of risks to their health and safety.
- Detailed records of patients' nursing care and treatment were not continually maintained. Records were not always clear. However, they were mostly up-to-date, stored securely and easily available to all staff providing care.

# Medical care (including older people's care)

- Nurse and medical staffing remained a challenge and a known risk to the trust. At our last inspection we found nurse staffing levels were not safe. At this inspection, we found a number of initiatives had been implemented to address the shortfall.
- At our last inspection staff did not always involve all patients in their care, by explaining next steps and involving them in decisions about their care. At this inspection we received similar feedback from some patients and their relatives who did not feel involved.
- Staff did not always provide emotional support to patients, families and carers.
- Demand on the medical care services continued to be a challenge for the trust. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- Staff did not always complete patients' fluid and nutrition charts. This was identified as a concern at our last inspection.
- There was variable performance for all wards in the audit data around patients being assessed for malnutrition within 24 hours of admission as per trust protocol.
- Staff appraisal rates were not meeting trust targets.
- Minutes of governance meetings were hand written which meant they were not very clear and difficult to read.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not make sure all staff completed mandatory training in key skills, although this was against a high benchmark at this trust.
- On two wards emergency resuscitation equipment was stored behind locked doors which could result in a delay during an emergency situation.
- Staff did not always complete risk assessments thoroughly for each patient during their first assessment. Not all patient nursing records were completed in full. Fluid charts were not completed and no evidence to suggest they had been reviewed by qualified staff. This was identified at our previous inspection.
- Nurse staffing remained a challenge and a known risk to the trust.
- Medical staffing was a known challenge for the service and recruitment for vacancies was ongoing.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Managers regularly reviewed staffing to keep patients safe from avoidable harm and to provide the right care and treatment.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

# Medical care (including older people's care)

- Safety checks on emergency equipment were being completed to make sure they were safe. This was an improvement since our last inspection.
- Staff updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. The endoscopy unit was accredited by the Joint Advisory Group (JAG) and their haematology service was also accredited with JACIE. The Joint Accreditation Committee ISCT-Europe & EBMT (JACIE) is Europe's only official accreditation body in the field of haematopoietic stem cell transplantation and cellular therapy.
- The service made sure staff were competent for their roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Staff did not always fully and accurately complete patients' fluid and nutrition charts. This was identified as a concern at our last inspection.



# Medical care (including older people's care)

- There was variable performance in audit data around patients being assessed for malnutrition within 24 hours of admission.
- Managers did not always appraise staff's work performance or hold supervision meetings with them to provide support and development. Appraisal rates were not meeting trust targets.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Some patients and relatives we spoke with did not feel involved and informed in decisions about their care and treatment or offered emotional support following life changing news.
- Staff did not always provide emotional support to patients, families and carers to minimise their distress.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and mostly received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- Demand on the medical care services continued to be a challenge for the trust, escalation processes and specific criteria for moving patients had been implemented to manage this.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

# Medical care (including older people's care)

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Records of governance meetings were not clear and difficult to read.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Surgery

Requires improvement   

## Key facts and figures

Surgical services are provided at Poole hospital and divided into three specialties:

- Anaesthetic, critical care, theatres
- Trauma and orthopaedics
- Surgery

Poole Hospital provides an acute and elective day and inpatient surgical service for a variety of specialties including:

- General surgery
- Ear, nose and throat (ENT)
- Maxillofacial
- Colorectal
- Breast – rapid assessment unit
- Orthopaedic and trauma

In addition to the inpatient beds the trust has a surgical assessment unit which provides rapid assessment and diagnostics to acute surgical patients. Outpatient services are provided for all specialties as well as ophthalmology, urology and vascular with inpatient services for the latter carried out at the Royal Bournemouth Hospital.

The trust had 22,767 surgical admissions in the 12 months from March 2018 to February 2019. Emergency admissions accounted for 10,790 (47.4%), 10,495 (46.1%) were day case, and the remaining 1,482 (6.5%) were elective (planned).

*(Source: Hospital Episode Statistics)*

The surgery core service was last fully inspected in September 2017 where it was rated as requires improvement overall. In June 2018 in response to safety and quality concerns, a responsive inspection was undertaken in theatres reviewing the safe and well-led domains. Following this inspection, the trust was issued with a warning notice where it was asked to make changes to make improvements. In April 2019 an inspection team revisited theatres and assessed the service had met the criteria outlined in the warning notice, although a further two requirement notices were served.

During this inspection we visited all surgical areas including: surgery and trauma inpatient wards, day theatres, main theatres, day of surgery admissions unit, pre-operative assessment, surgical assessment unit and the admissions booking team.

We spoke with around 90 staff including the surgery care group leadership team, medical staff, nursing staff, therapy staff, and administrators. We spoke with ten patients and three relatives. We reviewed 17 patient records.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

# Surgery

- The service did not have enough employed nursing staff and junior doctors and used a high number of agency or locum staff to cover these gaps. Medical staff did not always meet trust training compliance for mandatory update training, although against a high benchmark at this trust. Infection control risk was not always well controlled. Safety checks of specialist and emergency equipment were not always completed or clearly recorded. Best practice guidance for taking patient observations in recovery areas, and the assessment of venous thromboembolism within 24 hours of admission were not well completed. Records were not always clear and up to date or stored securely. Medicine management systems could be improved to include the recording in controlled drug registers and monitoring of fridge temperatures.
- Patient warming in theatre was not being done consistently and in line with best practice guidance. Staff did not always fully complete food and fluid charts, or document escalation and actions. It was not always recorded how patients' mental capacity had been assessed to inform the decision-making process.
- People could not access the service when they needed it and had to wait too long for treatment. Reduced activity and insufficient theatre capacity had resulted in underperformance in admitted patient pathways, and the trust had breached the 52 week wait for patients waiting for their treatment. There were a high number of patients admitted with fractured neck of femurs and these patients were not always operated on within 36 hours of admission. The surgical flow within the hospital was impacted by the high number of trauma patients admitted, this meant surgical patients were sometimes looked after on non-surgical or non-specialty wards, and the day of surgery admission unit was being used as an escalation area. There was limited adaptation within surgical inpatient wards to make them dementia friendly environments.
- The vision and strategy were not documented with workable plans and actions. The governance meeting minutes to evidence discussions were basic and did not clearly demonstrate actions and follow up of these actions. There was not a structured review and judgement process for mortality and morbidity meetings. There were examples where good information governance practice was not followed by staff. There was not always a good understanding of quality improvement methods and the skills to use them. However, there were areas of quality improvement being completed in departments and specialty areas.

However:

- Staff had training in key skills and understood how to protect patients from abuse. Staff assessed risks to patients and acted on them. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Surgery

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Medical staff did not always meet trust training compliance for mandatory update training where, in some modules, there was poor compliance. However, this was against a high benchmark for this trust.
- The service did not always control infection risk well. There were risks due to no clinical sink in side rooms on inpatient wards, and although the service had improved how they controlled infection risk in theatres, this required further embedding.
- Regular safety checks of specialist and emergency equipment were not always completed or clearly recorded. We also found expired equipment, consumables and products used for patients.
- Best practice guidance for patient observations was not being followed in theatre recovery areas.
- Venous thromboembolism assessments were not always being completed within 24 hours of admission.
- Records were not always clear and up-to-date, or stored securely.
- There were areas of medicines management where systems and processes should be reviewed and improved. This included; the recording within controlled drug registers, the monitoring and escalation of fridge temperature, the embedding of drug preparation policy in theatres, and the use of electronic prescribing systems.
- There were challenges to recruit to junior doctor posts.
- The service did not have enough employed nursing and support staff with the right qualifications, skills, training and experience. This was mitigated with the use of agency and bank staff. However, some wards had a high use of agency staff which caused a risk in keeping patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

However:

- The service provided mandatory training in key skills to all staff. Nursing staff were meeting trust compliance for all training modules.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Staff kept records of patients' care and treatment which were easily available to all staff providing care.

# Surgery

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service had enough senior medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limited patients' liberty.

However:

- Patient warming in theatre was not being done consistently and in line with best practice guidance.
- Staff did not always fully complete food and fluid charts, or document escalation and actions. This had not improved since our last inspection where we told the trust they should routinely assess and monitor patients' nutritional needs regularly and intake should be recorded accurately.
- There was variable performance with the percentage of patients screened for nutrition within 24 hours of admission.

# Surgery

- It was not always recorded how patients' mental capacity had been assessed to inform the decision-making process. The records we reviewed did not use the proforma which was referenced in the trust's mental capacity act policy.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- People were not able to always access the service when they needed it to receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- There were a high number of patients admitted with fractured neck of femurs. The trust was still challenged with getting patients who had a fractured neck of femur to theatre within 36 hours of admission. Performance against this was poor.
- Managers monitored waiting times, however patients could not always access services when needed to receive treatment within agreed timeframes and national targets. Reduced activity and insufficient theatre capacity had resulted in underperformance in admitted patient pathways. Patients had breached 52-week waits and there was a risk of further patients breaching.
- General surgery and oral surgery were below the England average for referral to treatment rates (percentage within 18 weeks) for admitted pathways within surgery.
- At the time of our inspection the day of surgery admissions unit was in escalation to provide additional beds for patients. This meant surgical patients who were required to stay overnight were moved from ward areas to a bay in the day of surgery admission unit.
- The surgical flow within the hospital was impacted by the high number of trauma patients Poole hospital admitted. There was high demand for beds on designated trauma wards, this meant surgical patients were sometimes looked after on wards which were not the correct specialty or were medical wards.
- There was limited adaptation within surgical inpatient wards to make them dementia friendly environments.

However:

- A theatre improvement and productivity programme had helped to improve the utilisation in theatres.



# Surgery

- There were clear processes and oversight for theatre planning.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- There had been a required focus on the improvements in theatre which had been at the detriment to wards, where processes needed to be improved and assurance gained of safe practice and compliance with basic standards.
- The vision and strategy were not documented with workable plans and actions.
- The governance meeting minutes to evidence discussions were basic and did not clearly demonstrate actions and follow up of these actions.
- There was not a structured review and judgement process for mortality and morbidity meetings.
- There were examples where good information governance practice was not followed by staff.
- There was not always a good understanding of quality improvement methods and the skills to use them. However, there were pockets of quality improvement being completed in departments and specialty areas. All staff were committed to continually learning and improving services and leaders encouraged innovation and participation in research.

However:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- There was a recognition the improvement work to theatres and work for the merger would require increased leadership investment from the surgical team. A decision was therefore made to recruit a head of nursing for surgery.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders could articulate their governance processes, which were structured. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Surgery

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Maternity

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

## Key facts and figures

The trust's maternity service is based at St Mary's Maternity Hospital, located across the road from the main Poole Hospital site.

The maternity unit is the largest within Dorset with a total of 4,119 births for the year 2018/19. The unit has a service level agreement to support the Royal Bournemouth Christchurch Hospital (RBCH) families, as RBCH comprises of a stand-alone midwifery unit with community maternity services.

The maternity unit has its own teams of obstetricians, anaesthetists, theatre staff, neonatologists, ultrasoundographers, midwives, maternity support workers and clerical staff. Consultant colleagues at the RBCH work collaboratively as part of the medical staff rota to provide obstetric presence on the labour ward and maintain their skills.

Acute maternity services comprise of an inpatient antenatal ward with 12 beds, a high-risk labour ward with two dedicated obstetric theatres, seven labour rooms one of which has a birthing pool room, two bereavement delivery suites, two high dependency beds, postnatal ward with 24 beds (16 postnatal and 8 transitional care unit) and a midwife-led birthing unit with five beds, a total of 52 beds. Services include antenatal clinics, ultrasound scanning and a day assessment unit, should additional tests or monitoring be required, intrapartum and postnatal provision. Midwifery led antenatal and postnatal care is provided by community teams. Staff work in their dedicated areas, but there is also a team of bereavement midwives and a consultant midwife with a focus on high risk care and a team of enhanced level two maternity care midwives. For those who wish to have a home birth, care is provided by midwives based in the community.

There is an alongside midwifery led birth unit and a combined postnatal and transitional care ward. High risk postnatal women go to the high dependency unit.

Doctors and midwives, supported by maternity care assistants and nursery nursing assistants, provide care for the women and their babies. Women have access to other specialist support services within the trust as required.

We observed care provided by staff and spoke with 16 women about their care and treatment. We spoke with 72 staff, including a range of medical, midwifery, administrative and domestic staff.

During our inspection we reviewed six sets of clinical records of women who had received maternity services and reviewed data provided to us by the trust.

## Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

# Maternity

- Mandatory training was comprehensive and met the needs of women and staff. Midwifery staff received and kept up-to-date with their mandatory training; the service controlled infection risk well; managers regularly reviewed and adjusted staffing levels and skill mix; the design, maintenance and use of facilities, premises and equipment kept women safe. These were improvements from the last inspection in 2016.
- Staff provided effective care within the maternity service. The service provided care and treatment based on national guidance and evidence-based practice. The effectiveness of care and treatment was monitored, and findings used to make improvements. Staff were competent for their roles. Staff supported women to make informed decisions about their care and treatment and provide consent.
- Outstanding elements of care were observed. Staff treated patients with compassion, dignity and respect, took account of their individual needs, and helped them understand their planned care.
- The service was excellent in responsiveness for care which was planned and organised to meet the changing needs of women, their partners and family. This included help for women in need of additional support or specialist intervention. The service had a dedicated safeguarding midwives' team to provide support and resources for women in hospital or the community. There was good multidisciplinary team working. Multidisciplinary teams within maternity had a holistic approach to assessing, planning and delivering care.
- The service was well led, and the leadership team understood and managed the priorities of the service, and there was a vision and strategy aligned to the pan-Dorset vision and plans, and national priorities.
- Staff felt respected, supported and valued, and there was an evident multi-professional and collaborative culture within the division. There were effective governance processes and management of performance and risk, with further governance improvements planned.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. The service had a development programme to prepare midwives with the management skills to progress. Staff had received awards for their innovations and hard work.

However:

- Medical staff did not achieve the trust target for mandatory training, although this was against a high benchmark for this trust.
- There were missed opportunities for early identification of a safeguarding concern.
- There were medicine errors identified by the inspection team and medicines errors were under-reported. Also, patients did not always take their discharge medicines with them when they left hospital.

## Is the service safe?

**Requires improvement** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- There were missed opportunities for earlier identification of a safeguarding concern.
- Medical staff did not achieve the trust target for mandatory training including safeguarding children level three training.

# Maternity

- There were medicine errors identified by the inspection team and the staff were unaware of their severity. Medicines errors were under-reported. Patients did not always take their discharge medicines with them when they left hospital.

However:

- Mandatory training was comprehensive and met the needs of women and staff. Midwifery staff received and kept up-to-date with their mandatory training which met and exceeded trust targets. This included training on recognising and responding to women with mental health needs, learning disabilities and autism. This was an improvement on the last inspection in 2016.
- The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well. This was an improvement on the last inspection in 2016.
- Managers regularly reviewed and adjusted midwifery staffing levels and skill mix. This was an improvement on the last inspection in 2016.
- The design, maintenance and use of facilities, premises and equipment kept women safe and followed national guidance. This was an improvement from the last inspection in 2016.
- Safety thermometer data was displayed on notice boards outside wards for staff and women to see. This was an improvement on the last inspection in 2016.

## Is the service effective?

**Good** ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- The service was able to continuously provide one to one care to women in labour. This was a marked improvement on the last inspection in 2016.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for women's religious, cultural and other needs and would access dieticians when requiring advice.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. The service participated in relevant national clinical audits and managers used the results to improve services further.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of women. Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

# Maternity

- Staff gave women practical support and advice to lead healthier lives including diet, immunisation, breastfeeding, diabetes and bereavement.
- Staff supported women to make informed decisions about their care and treatment. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

**Outstanding** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as outstanding because:

- All staff, without exception, treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Women were truly respected and valued as individuals as were partners in their care, practically and emotionally.
- Staff were committed to supporting women during pregnancy, labour and postnatally to ensure women, and their families, had a positive experience. Staff were discreet and responsive when caring for women.
- Staff understood and respected the individual needs of each woman and showed understanding and a non-judgemental attitude when caring for or discussing women with mental health needs.
- The service used the friends and family test to capture women' feedback. Feedback was consistently excellent.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood women's personal, cultural and religious needs. Staff gave women and those close to them help, emotional support and advice when they needed it. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Bereavement care for women, their partners and families was exceptional.
- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.
- Staff supported and involved women, families and carers to understand their condition and make decisions about their care and treatment.
- Women and their families could give feedback on the service and their treatment and staff supported them to do this. All women we talked to told of positive experiences.

## Is the service responsive?

**Outstanding** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as outstanding because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

# Maternity

- Managers planned and organised services to meet the changing needs of the local population.
- The service had systems to help care for women in need of additional support or specialist intervention. The service had a dedicated safeguarding midwives' team to provide support and resources for women in hospital or the community.
- Whooping cough vaccines and Influenza vaccines were given at attendance at antenatal clinics. This promoted uptake, minimised the need for women to attend a GP surgery and increased vaccination rates protecting women and their babies.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers. Staff made sure women living with mental health problems and learning disabilities, received the necessary care to meet all their needs.
- Women could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards. The service monitored flow, staffing and efficiency to ensure women could be supported to give birth where they chose, unless complications prevented this.
- Managers and staff worked to make sure women did not stay longer than they needed to. Women requiring specialist care, such as diabetes or raised BMI, were seen in joint specialist maternity clinics within the hospital.
- Women, relatives and carers knew how to complain or raise concerns. Staff knew how to acknowledge complaints and women received feedback from managers after the investigation into their complaint. The service received few complaints.

## Is the service well-led?

**Good** 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where women, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Maternity

- There was programme of clinical audit and regular audits took place to monitor safety performance. These included audits of infection control, records and the maternity safety thermometer. There was investigation and remedial action when data identified inconsistent or concerning performance.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- The service had a development programme to prepare midwives with the management skills to progress.
- Staff had received awards for their innovations and hard work.

However:

- While we accept there was an open culture to reporting errors across the trust, there was a lack of managerial oversight, discussion, reporting and investigation into maternity medicines administration and prescribing errors which were not being recognised or reported. There was a subsequent lack of assurance around this in the governance process.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# End of life care

Good   

## Key facts and figures

The trust provides end of life care at Poole Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust provided end of life care for 1,152 people for the period between January and December 2018. End of life care (EOLC) takes place across Poole Hospital, and is overseen by the trust end of life care group.

The specialist palliative care team is a multidisciplinary team consisting of consultants, clinical nurse specialists, lymphoedema therapists, complimentary therapists, occupational therapists, chaplains and social workers. Visits by the team are made from Monday to Friday, 9am to 5pm with advice and review available on call at weekends and out of hours if needed.

The team also delivers an extensive education programme to many groups of staff in the hospital and primary care teams aiming to develop knowledge and skills in palliative and end of life care. The teams support education and training in palliative and end of life care and psychological support. The team is also working in collaboration with the NHS England and NHS Improvement Personalised Care Group, and other national and local stakeholders to improve personalised care towards the end of life, in 'Results through relationships'. This focuses on making it ever easier to achieve seven core capabilities which they have identified as necessary and sufficient for good end of life care.

The trust is working on the programme "Making Life Wonderful" with partners across East Dorset aiming to improve the quality of end of life care, focusing on shared priorities.

Forest Holme Hospice is a purpose-built specialist palliative care unit close to the hospital. This includes:

- Twelve-bedded in-patient ward.
- Community palliative care team - seven specialist nurses covering Poole, Wimborne and Purbeck, working alongside primary care teams, a palliative occupational therapist and consultants.
- Out-patient clinics.
- Hospital palliative care team.
- End of life care specialist nurse and development post in end of life care.
- Counselling and family support services (including pre- and post-bereavement support and counselling).
- Lymphoedema service.
- Complementary therapies
- 24-hour palliative care advice available for healthcare professionals (hospital and community staff) and for patients and their families.
- Volunteers.
- Forest Holme Hospice Charity, which supports the service to enhance the quality of life of adults with a life-limiting or terminal illness, helping them live as fully as they can.
- Close links with pain consultant at the trust.

# End of life care

The specialist palliative care team comprised of 2.1 whole time equivalent (WTE) consultants, 2.2 WTE specialist palliative care nurses, 7 WTE community specialist palliative care nurses, three counsellors and two therapists. The team works closely with colleagues in acute oncology, critical care, care of the elderly teams as well as other primary care teams through multidisciplinary team working and joint outpatient clinics.

The trust provides a chaplaincy service which aims to support the spiritual needs of patients and their visitors, and to meet any religious needs. The chaplaincy service consists of chaplains from various faiths providing support to patients and visitors of all faiths and those of none. A chaplain is available 24 hours a day.

During this inspection visit the inspection team:

- Talked with seven patients and those close to them.
- Observed staff giving care.
- Reviewed 11 sets of patient records, including care records, treatment escalation records, do not attempt cardio pulmonary resuscitation records (DNACPR), and medication records.
- Looked at trust policies.
- Looked at performance information and data from and about the trust.
- Talked with 74 members of staff at different levels including clinical director, managers, doctors, nurses, healthcare assistants, non-clinical staff, ward managers, cleaners, porters and mortuary staff.

End of life care was rated as good overall during our last inspection, undertaken in 2016, and details can be found within the inspection report published in 2016. Safe, caring, responsive and well-led was rated as good and effective was rated as requires improvement. The end of life service was told it should improve some of its work.

During this inspection we found the end of life care team had made significant improvements within effective, particularly with regards to using findings from the National Audit of Care at the End of Life (NACEL) audit to improve patient outcome. There were also improvements in the end of life care auditing and reviewing patient outcomes from these audits, for example preferred place of care, treatment escalation plans and pain management. Since our last inspection the senior team had produced an end of life care dashboard to measure key metrics and plan ahead to improve patient outcomes.

The end of life care team now provides a seven day service across the hospital and community settings, with a palliative care nurse specialist working a shift providing support to the hospice, community and hospital at weekends as well as the consultant on call.

The palliative care service is commissioned through Dorset CCG (75%) and Forest Holme Hospice Charity (25%).

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Safe care was provided across the end of life care service. Staff had processes they used to assess and respond to patient risk. Patient safety incidents were reported and investigated to ensure learning and change.
- Staff provided effective care within the end of life care service. The service provided care and treatment based on national guidance and evidence-based practice. The effectiveness of care and treatment was monitored, and findings used to make improvements. Staff were competent for their roles. Staff supported patients to make informed decisions about their care and treatment and provide consent.

# End of life care

- We saw effective multidisciplinary team working. There was a presence of the multidisciplinary team within the end of life care team, reaching out across the directorates and a truly holistic approach to assessing, planning and delivering care.
- Staff gave truly person-centred care. As much emphasis was placed upon the emotional needs of those close to the patients as the patients themselves. Staff treated patients with compassion, dignity and respect, took account of their individual needs, and helped them understand their planned care.
- The service was inclusive and took account of patients' individual needs and preferences, and treated concerns and complaints seriously to investigate and share learning.
- The service provided consistent and high-quality care. The leadership team understood and managed the priorities of the service, and there was a clear vision and strategy of 'one chance to get it right'.
- Staff felt respected, supported and valued, and there was an evident multi-professional and collaborative culture within the division. There were effective governance processes and management of performance and risk, with further governance improvements planned. Staff were committed to learning and improving services.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Managers regularly reviewed and adjusted staffing levels and skill mix and gave agency staff a full induction.
- Staff kept detailed records of patient's treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used monitoring results well to improve safety.
- Managers regularly reviewed staffing to keep patients safe from avoidable harm and to provide the right care and treatment.
- Most nursing and medical staff received and kept up-to-date with their mandatory training.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

# End of life care

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patient's religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held informal and formal supervision meetings with them to provide support and development.
- Good multidisciplinary working was observed. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support patients. Staff could call for support from doctors and other disciplines, including mental health services 24 hours a day, seven days a week.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient consent.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- All staff, without exception, treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff demonstrated a strong commitment to ensuring they understood the entirety of a patient's situation and its impact.
- Everyone clearly understood the impact a person's care, treatment and condition had on their wellbeing and those close to them and responded to this.
- Feedback from patients, their partners and family, at the time of our inspection was without exception excellent.
- All staff were committed to working in partnership with others to improve patient care.

## Is the service responsive?

**Good**  

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- Premises and facilities were appropriate for the services that were delivered.

# End of life care

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Staff worked hard to make sure patients at end of life did not stay in hospital any longer than they needed to. Staff worked hard to provide a rapid discharge to the patient's preferred place of care wherever possible.
- The service was mostly inclusive and took account of patient's individual needs and preferences. Staff mostly made reasonable adjustments to help patients access services. There was a lack of ritual washing facilities in the mortuary with no immediate plans to reinstate the previous equipment to meet cultural needs.
- Patients could access the specialist palliative care service when they needed it. However, waiting times from referral to achievement of preferred place of care and death were not audited and could not be considered in line with good practice.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Leaders had the integrity, right skills and abilities to run an exceptional service providing high-quality care. They were visible and approachable in the service for patients, families and staff.
- There was a clear drive to increase the presence of the palliative care team across the directorates to improve patient outcomes and the team had clear plans on how to achieve this.
- Leaders had a clear understanding of issues, challenges and priorities in their service, and beyond.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- The leadership team modelled and encouraged compassionate, inclusive and supportive relationships among staff, so they felt respected, truly valued and supported.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

# End of life care

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

# Our inspection team

This inspection was led by Alison Giles, Inspection Manager, and overseen by Amanda Williams, Head of Hospital Inspection. An executive reviewer, Caroline Ainslie, Chief Nursing Officer, and a specialist adviser supported our inspection of well-led for the trust. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

The team for the core services inspection included an inspection manager, inspectors, and specialist advisers.